Dwd Basketball

Summer Camp

**WHEN IS IT?**

June 24th -26th 2019

10:00 am – 2:00 pm

**WHAT IS IT?**

The DWD Basketball will hold a summer basketball camp covering all aspects of the game of basketball. This will be a great opportunity for young players to work with the JV and Varsity teams and coaching staff to help build proper fundamentals and become a better basketball player.

**WHO CAN ATTEND?**

Any girl or boy entering grades 1-6

**Where is it?**

Daniel High School Main Gym

**HIGHLIGHTS OF CAMP:**

* Free t-shirt to all participants
* Individualized instruction for players of any level and experience
* Players grouped appropriately by age and ability
* Individual evaluations
* Fun, skill, and competitive games

**WHAT IS THE COST?**

$50

**Make checks payable to**

**Blue and Gold**

**Booster Club**

**WHAT DO I NEED?**

Positive Attitude, Shorts, Basketball Shoes, Bagged Lunch

**Registration Form**- Complete, detach and mail with payment to:

Daniel High School

Basketball Camp

C/o Cosandar Griffin

140 Blue and Gold Blvd.

Central, SC 29630

Walk in registration allowed Monday Morning

If you have any questions, please contact Cosandar Griffin 864-349-9747

[cosandargriffin@pickens.k12.sc.us](mailto:cosandargriffin@pickens.k12.sc.us)



Registration Form

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any Medical Conditions that the staff should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**T-Shirt Size (Circle):** YS YM

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We/I give my permission for my child to participate in the 2019 DWD Lions Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child participation, I will not hold the camp or its employees or Daniel High School responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my child permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**